

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10034994

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2				1		
3				1		
4				1		
5			1			
6				1		
7				1		
8			1			
9				1		
10				1		
11	1		1			
12				1		
13				1		
14			1			
15				1		
16				1		
17				1		
18				1		
19				1		
20	1					
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28				1		
29				1		
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47						
48						
49						
50						
TOTAL IND.	3	0	5	0		0
TOTAL DEP.	24	0	17	0		0
TOTAL CLAIMS	27					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		0		0		0
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS